



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
NUTRITION POLICY AND EDUCATION

CURRICULUM REQUEST FORM - 2004-2005 SCHOOL YEAR

STATE USE ONLY

PLEASE PRINT CLEARLY

NAME		TITLE	
NAME OF SCHOOL/AGENCY			
SCHOOL DISTRICT			
STREET ADDRESS			
CITY	STATE	ZIP	COUNTY
DELIVERY ADDRESS	PHONE	E-MAIL ADDRESS	

CURRICULUM SELECTION

Selection	Grade Level	Item
	Pre-K	Nibbles For Health
	Pre-K	Tickle Your Appetite
	Kindergarten	Food and Me
	1-2	Food Time
	3	Hearty Heart & Friends
	3-5	Food Works
	4	Go For Health 4: Taking Off
	4-5	Eat Well and Keep Moving (student surveys required)
	4-6	Healthy Body Image: Teaching Kids To Eat And Love Their Bodies Too!
	5	Go For Health 5: Breaking Through Barriers
	5-7	The Power of Choice
	6-8	Planet Health
	7-8	YourSELF (student surveys required)
	5-12	Science and Our Food Supply
	8-12	SyberShop

ADDITIONAL INFORMATION NEEDED IF ORDERING "Science and Our Food Supply"

Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Grades You Teach: <input type="checkbox"/> Middle Level <input type="checkbox"/> High School
Number of Students in your Science Class: _____		
Your School's Total Enrollment: _____		
Number of Teachers with Whom you will Share this Program: _____ Fax Number: _____		
Subjects You Teach: _____		



ADDITIONAL INFORMATION NEEDED IF ORDERING "The Power of Choice"

Please indicate in which USDA Child Nutrition Program you participate:

- | | |
|--|--|
| <input type="checkbox"/> National School Lunch Program | <input type="checkbox"/> Child and Adult Care Food Program |
| <input type="checkbox"/> Summer Food Service Program | <input type="checkbox"/> Afterschool Snacks Program |
| <input type="checkbox"/> None | |

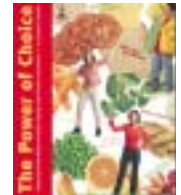
Please identify where you will be using **The Power of Choice** with adolescents:

Type of Program: _____

Type of Location:

- | | | | |
|--|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Recreation Center | <input type="checkbox"/> School | <input type="checkbox"/> Library | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> Other _____ | | | |

Grades (5-7): _____ Total Enrollment: _____



COMMENTS

GUIDELINES FOR REQUESTING CURRICULUM

Curriculum is available for Missouri educators through the School Nutrition Education Program, funded in part through various federal and state funding sources. Program accountability requires that curriculum be distributed according to the following guidelines:

1. Missouri educators may receive curriculum at no charge. *(Non-Missouri requests will not be accepted)*
2. A limit of one of each curriculum per school will be supplied.
3. Educators will be required to complete a pre-survey prior to receiving free curriculum and a post-survey at the end of the school year in which the free curriculum was supplied. The pre- and post-surveys will take approximately 15 minutes each to complete.
4. Student surveys are required for some curricula as indicated on the order form and must also be received by the state prior to curriculum being mailed to the school.
5. Curriculum will be mailed only if all required tracking information is provided. Double check the curriculum request form to see that all information is complete.

RETURN FORM TO

Missouri Department of Health and Senior Services, Nutrition Policy and Education, P. O. Box 570, Jefferson City, MO 65102-0570